

State of Iowa – Return on Investment Program/IT Project Evaluation

SECTION 1: PROPOSAL

Tracking Number (For Project Office Use)

Project Name: Communication Line Date: 9/27/00

Agency Point of Contact for Project: Ella Mae Baird

Agency Point of Contact Phone Number/E-mail: ebaird@bon.state.ia.us

Executive Sponsor (Agency Director of Designee) Signature: _____

Is this project necessary for compliance with a Federal standard, initiative, or statute? (If “Yes”, explain in Proposal Summary) ☐ Yes ☒ No

Is this project required by State statute? (If “yes”, explain in Proposal Summary) ☐ Yes ☒ No

Does this project meet a health, safety or security requirement? (If “Yes”, explain in Proposal Summary) ☒ Yes ☐ No

Is this project necessary for compliance with an enterprise Technology standard? (If “yes”, explain in Proposal Summary) ☐ Yes ☒ No

Does this project contribute to meeting a strategic goal of government? (If “Yes”, explain in Proposal Summary) ☒ Yes ☐ No

Is this a “research and development” project? (If “Yes”, explain In Proposal Summary) ☐ Yes ☒ No

SECTION 3: RETURN ON INVESTMENT (ROI) FINANCIAL ANALYSIS

PROJECT BUDGET:

Provide the estimated project cost by expense category.

Personnel	\$	_____
Software	\$	_____
Hardware (Dedicated with Router)	\$	<u>15,000</u>
Training	\$	_____
Facilities	\$	_____
Professional Services	\$	_____
Supplies (Installation/Support	\$	<u>5,000</u>
Other (Specify)	\$	_____
Total	\$	<u>20,000</u>

PROJECT FUNDING:

Provide the estimated project cost by funding source.

State Funds	\$	<u>20,000</u>	<u>100</u>	% of total cost
Federal Funds	\$	_____	_____	% of total cost
Local Gov. Funds	\$	_____	_____	% of total cost
Private Funds	\$	_____	_____	% of total cost
Other Funds (specify)	\$	_____	_____	% of total cost
Total Cost	\$	_____	_____	% of total cost

Provide the estimated project cost by fiscal year.

How much of the cost would be incurred by your agency
from normal operating budgets (staff, equipment, etc.)? \$ 20,000 100 %

How much of the cost would be paid by requested State IT project funds? \$ _____ %

Identify, list, and quantify all annual maintenance expenses (State Share) related to the project.

There will be an ongoing monthly charge for a dedicated T-1 line.

Identify, list and quantify any other future expenses (State Share) related to the project.

None anticipated

ROI FINANCIAL WORKSHEET

Annual Pre-Project Cost – How You Perform The Function(s) Now	
FTE Cost (Salary plus benefit):	
Support Cost (i.e. office supplies, telephone, pagers, travel, etc.):	
Other Cost (expense items other than FTE's & support costs, i.e. indirect costs if applicable, etc.):	
A. Total Annual Pre-Project Cost:	
ANNUAL POST-PROJECT COST–HOW YOU PROPOSED TO PERFORM THE FUNCTION(S)	
FTE Cost:	
Support Cost (i.e. office supplies, telephone, pagers, travel, etc.):	\$15,000
Other Cost (expense items other than FTE's & support costs, i.e. indirect costs if applicable, etc.):	
B. Total Annual Post-Project Cost:	
State Government Benefit (=A-B):	\$15,000
Annual Benefit Summary	
State government Benefit:	Efficient use of staff time
Citizen Benefit (including quantifiable “hidden taxes”):	Timely license renewals Informational services convenient to Iowans
Opportunity Value and Risk/Loss Avoidance Benefit:	License issued in a timely manner
C. Total Annual Project Benefit:	
D. Total Annual Project Cost:	\$15,000
Benefit/Cost Ratio (C/D):	_____
ROI (C-D/Requested State IT Project Funds):	___ 0 ___ %
[X] Benefits Not Cost Related or Quantifiable (including non-quantifiable “hidden taxes”)	